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General debate of the high-level segment: progress achieved and challenges in implementing the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Written statement submitted by the Vienna NGO Committee on Drugs

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Written statement submitted by the Vienna NGO Committee on Drugs*

We welcome the opportunity to contribute to the mid-term review of the 2009 Political Declaration and Plan of Action. This statement is submitted on behalf of members of the Vienna NGO Committee on Drugs (VNGOC) in consultative status with the Economic and Social Council of the United Nations and is supported by members of the VNGOC and other NGOs without consultative status.[1] Together they have staff, volunteers, supporters and members who represent millions of citizens around the world, citizens who at local, national and international levels seek to implement the ideals and ambitions contained in United Nations international instruments.[2]

We recognize a number of achievements since adoption of the Political Declaration and Plan of Action in 2009 but these have been limited. Many challenges remain, requiring a focused commitment engaging all stakeholders[3] in implementing evidence-informed responses to the global drug problem.

It is welcome that many Member States have adopted a national drug plan and involved or consulted NGOs and affected populations in its development and implementation. However, one in five States excluded NGOs and almost half excluded affected populations despite the fact that NGOs were major providers of prevention, treatment, care, harm reduction and recovery[4] services, and affected populations need to be engaged if many of the objectives of the plan were to be attained. Moreover, many national plans appear to be unbalanced, emphasizing only a small number of measures while other aspects of the drug problem, important from the experience of NGOs, are overlooked, inadequately dealt with or not included. It is also unfortunate that many national plans lack clear and measurable objectives to provide the basis for improving effectiveness.

We call upon Member States to use the experience and expertise of civil society in the future development, implementation and evaluation of drug policies at a national and international level.

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* The present statement is reproduced in the form in which it was received.

[1] A list of signatories can be found at the end of this statement.

[2] Including the Charter of the United Nations, the Universal Declaration on Human Rights, the Constitution of WHO, the Convention on the Rights of the Child the Convention on the Elimination of All Forms of Discrimination against Women, the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances, the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Declaration on the Rights of Indigenous People and the Declaration of Commitment on HIV/AIDS.

[3] Member States, international organizations, civil society — in particular NGOs and affected populations.

[4] Which is understood as the achievement of the highest possible level of personal and social health.

Demand reduction and related measures

Achievements

Some achievements show progress towards the 2009 Political Declaration and Plan of Action but most are inadequately implemented.

Evidence-informed interventions have been instrumental in preventing illicit drug use, supporting individual and public health, and assisting people achieve recovery. We also note the reduction in the use of some drugs in a number of countries, but draw attention to the rapid increase in the availability and use of new synthetic/psychoactive drugs, the increase in drug dependence and continuing health harms to drug injectors and the illicit use of prescription drugs. There has been progress in the collection of comparable data but consistency and comparability needs to be further strengthened at international level.

We welcome the increased provision of prevention, treatment, care, harm reduction and recovery services but note that the level of provision remains too low and that, for the majority of those in need, services are not available or cannot be accessed. We also welcome the work of some Member States in cooperation with UNODC to replace compulsory drug detention and rehabilitation centres with community-based services providing evidence-informed drug dependence treatment and HIV and TB prevention, treatment, care and support. The increasing availability of evidence-informed alternatives to conviction and/or punishment for drug law offences, as provided for in the international drug control conventions,[5] including a range of mechanisms for diversion into appropriate social and health programmes at the pretrial, pre-conviction and post-convictions stages, and the provision of care and treatment programmes for those in prison and those leaving the system, have provided opportunities for effective interventions.

Challenges

NGOs have identified major challenges requiring serious consideration by the Commission. These directly impact on the ability to reach objectives identified in the 2009 Political Declaration and Plan of Action.

In many countries there is no systematic support to develop, implement and sustain interventions[6] in line with the Political Declaration and Plan of Action. This is despite resolutions adopted by the Commission that say the right things but are then left to languish with no real action behind them. There is need for a more systematic review and follow up on resolutions adopted — especially so in the area of drug demand and harm reduction.

While demand reduction and related services are declared a political priority, evidence shows that provision is severely constrained due to lack of resources and political support. Where there is evidence of some activities, rarely do they represent the entire continuum offering pathways to achieve the best possible levels

[5] Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961, Article 36, para. 1. b; Convention on Psychotropic Substances, 1971, Article 22, para. 1. (b); United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, Article 3, para. 4. (c) and (d).

[6] Prevention, treatment, care, harm reduction and recovery services.

of personal and social health. In consequence, internationally agreed targets including elements of the Millennium Development Goals, those established by the Political Declarations and associated Plans of Action adopted in 1998 and 2009 and those established by the United Nations General Assembly Special Sessions on HIV/AIDS, will not be achieved.

Access to essential medicines[7] remains poor despite the work of the World Health Organization, INCB and UNODC to improve access. As a result, millions of people are not able to receive appropriate pain relief and/or treatment for drug dependence despite the commitment made in the 1961 and 1971 Conventions.[8]

Priorities

The Commission and Member States should consider a number of specific actions:

(1) Prioritize and expand the application of evidence-informed tools, policies and structures[9] which are appropriately gender and culturally specific, in support of drug demand and harm reduction objectives, and reaffirm commitment to expand the provision of interventions and to remove barriers to access.

(2) Prioritize dedicated and sustainable funding for demand and harm reduction activities at the national and international levels, based on strategic objectives consistent with evidenced-informed interventions and human rights best practice and with the systematic involvement of NGOs.

(3) Regularly follow up and review the state of implementation of CND resolutions at national level but also with UNODC and with the involvement of NGOs and affected populations.

(4) Initiate a dialogue with NGOs, affected populations and other relevant parties on the objectives of the Political Declaration to identify good practices, gaps to be addressed and a specific plan to correct these.

(5) Work with the mandated international health and drug control agencies to identify barriers that limit access to essential medicines and eliminate them as a matter of urgency.

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[7] As listed by the World Health Organization in the 18th WHO Essential Medicines List and the 4th WHO Essential Medicines List for Children updated in April 2013.

[8] Preamble, 1961 and 1971 Conventions.

[9] Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the United Nations General Assembly Special Session, 1998; WHO, UNAIDS and UNODC Position Paper — Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention. Geneva, WHO 2004; WHO, UNAIDS and UNODC Policy Brief: Reduction of HIV Transmission in Prisons, Geneva, WHO, 2004; WHO, UNAIDS and UNODC Policy Brief: Provision of sterile injecting equipment to reduce HIV transmission. Geneva, WHO, 2004; Office of the High Commissioner for Human Rights (OHCHR) and UNAIDS — International Guidelines on HIV and Human Rights, Consolidated Version 2006; WHO, UNODC, UNAIDS Technical Guide (for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users), 2009; UNODC and the promotion and protection of human rights, 2012; UNODC International Standards on Drug Use Prevention, 2013.

Supply reduction and related measures

Achievements

NGOs identified few real measures of supply reduction achievement. Some examples of improved practices were more consistent application of the law, reduction of the scale of coca and cannabis crops, and an enhanced focus on precursor chemicals. Also observed were moves to introduce better control of prescription drugs to reduce and prevent abuse.

In some instances, NGOs have observed police becoming more engaged in supporting demand and harm reduction — recognizing the limitations of only pursuing a supply reduction approach.

We note proposals for reform of current law enforcement-led approaches, such as witnessed in the Americas. We have also noted the development of innovative regulatory approaches to controlling "legal highs" and cannabis. These are important developments that need to be acknowledged, debated, monitored and evaluated so that lessons may be learnt for future drug control policy.

Challenges

NGOs have noted a number of issues limiting implementation of the supply reduction elements of the 2009 Plan of Action. Among the major challenges are corruption, bribery and general ineffective criminal justice systems. Political instability along with significant violence and problems flowing from the drug trade have also posed challenges, as have the economic and social problems facing many jurisdictions, including high youth unemployment. The trafficking of internationally controlled drugs via the Internet continues to be a challenge as this is difficult to police. The impact of changing trafficking routes on transit countries has been significant, as has been the lack of true alternative crop options for farmers. This situation has been exacerbated through a lack of funding needed to create self-sustaining alternative development programmes with greater involvement of indigenous people and civil society.

We consider that insufficient attention has been paid to the evaluation of supply reduction activities. These, like demand reduction programmes, need to be assessed using a range of measures and not be based exclusively on process indicators such as the number of arrests and seizures made or cooperation agreements reached.

Priorities

NGOs identified a number of priorities in this area:

(1) Place greater emphasis on demand and harm reduction and insist upon and ensure that these and supply reduction initiatives are better balanced against each other.

(2) Develop more robust systems than process measures alone to assess and evaluate supply reduction strategies and activities, such as measures of individual and social harm, drug availability, improved community safety and public health.

(3) Ensure that the international drug control system is adaptable to current realities using the full flexibility of the Conventions. CND should request UNODC,

in consultation with INCB, to give guidance on the alignment of domestic policies with international responsibilities. Member States should provide information on adjustments of their drug control system to all concerned. NGOs should be included in discussions at all stages, including the identification of impact (positive or negative) of any change.

(4) Initiate an honest and critical review of the different options available to respond to the global drug problem and its related issues. At present reviews are often superficial, agreed actions are not implemented and effective measures cannot be identified and replicated elsewhere.

(5) Give consideration to removing drug possession/consumption as a criminal offence and the expansion of non-penal alternative dispositions, and place greater focus on serious drug law offences in order to break the nexus between organized crime, terrorism, the sale of arms and drugs.

(6) Focus on new legal highs and their commensurate impact on traditional law enforcement practices, including the use of new regulatory models to address these substances.

(7) Provide additional support to alternative development programmes that have been assessed and shown to be effective with the active involvement of indigenous people and development NGOs.

Money-laundering and judicial cooperation

Achievements

This is an area in which NGOs are less engaged. Nevertheless, their broad experience provides the basis for our observations.

New legislation has been adopted to tackle money-laundering but implementation has been sporadic. There has been some improvement in regional and international cooperation but this is not universal. Significant barriers remain that undermine the effective implementation of legislation. The establishment of dedicated criminal justice bodies focused on fraud and money-laundering is welcome, as these appear to improve capacity to tackle organized criminal activity. There has been increased ability to freeze and seize the assets of those involved in drug trafficking and money-laundering. However, there is a need for greater transparency in the way the system works. There have also been advances in the provision of training and exchange programmes. Joint training between the different elements of the criminal justice system has been introduced which may increase the likelihood of successful prosecutions.

Challenges

A major concern is the undermining of the criminal justice and civil administration systems through corruption. In many countries legal arrangements and the multiple levels of government create conditions that permit corruption to develop.

The complexity of money-laundering operations and of the legislation intended to prevent and prosecute such criminal activity needs to be supported more effectively by improved training. In many countries those responsible for implementing the

legislation have neither the personnel nor the investigative resources to implement legislation, where it is in place.

A further challenge, especially for countries in development, has been the ability to engage with the international banking system and to identify and trace suspect transactions.

As Member States consider and review their national policy/strategy in response to drug misuse, there is a need for improved integration with other areas of policy, including the tax framework and banking/currency legislation.

Priorities

NGOs identified a number of priorities in this area:

(1) Enhance training for the judiciary and criminal justice officials with exchange visits and conduct this in tandem with human rights training to ensure just and equitable responses to identified offences.

(2) Promote further efforts to increase banking transparency and enhance international cooperation.

(3) Develop and introduce a structured programme of anti-corruption education at an early age combined with public awareness programmes.

Signatories

(Organizations in consultative status with the Economic and Social Council of the United Nations)

General

Academic Council on the United Nations System

Asia Crime Prevention Foundation

International Association of Lions Clubs

International Council of Women

International Federation on Ageing

Women's Federation for World Peace International

Zonta International

Special

African Action on AIDS

Asociación Proyecto Hombre (Spain)

Canadian Centre on Substance Abuse

Canadian HIV/AIDS Legal Network

Community Anti-Drug Coalitions of America

Dhaka Ahsania Mission (Bangladesh)

Dianova International

Fondazione San Patrignano (Italy)

Fundación Atenea Grupo (Spain)

Intercambios (Argentina)

International Association of Applied Psychology

International Association of Democratic Lawyers

International Commission of Catholic Prison Pastoral Care

International Federation of Non-Government Organizations for the Prevention of Drug and Substance Abuse

International Federation of Social Workers

International Federation of University Women

International Harm Reduction Association

International Police Association

Mentor Foundation

Organisation of the Families of Asia and the Pacific

Pax Romana

Release (United Kingdom)

Therapy Center for Dependent Individuals (KETHEA) (Greece)

Transform Drug Policy Foundation (United Kingdom)

Roster

Beckley Foundation (United Kingdom)

Supporters

(Organizations without consultative status but who wish to be listed in support of the statement)

Member organizations of the VNGOC

Anti-Drug Association (Serbia)

Associacao de Reabilitacao de Toxicodependentes de Macau

Association Française pour la Réduction des risques liés aux usages de drogues

Australian National Council on Drugs

Centros de Integracion Juvenil (Mexico)

Dianova Portugal

Diogenis Association, Drug Policy Dialogue in SE Europe**

Europe Against Drugs**

European Cities Against Drugs

European Federation of Therapeutic Communities

Euro-TC

Forum Droghe (Italy)

Foundation for a Drug Free Europe

Harm Reduction Coalition (United States of America)**

International Doctors for Healthier Drug Policies

International Drug Policy Consortium**

México Unido contra la Delincuencia A.C.

New Zealand Drug Foundation

Rebirth Society (Islamic Republic of Iran)

Students for Sensible Drug Policy (United Kingdom of Great Britain and Northern Ireland Branch)

Ugandan Youth Development Link

Washington Office on Latin America**

Wellbeing Foundation (India)

WOCAD (Sweden)

Youth Organisations for Drug Action

Youth Power Nepal

Affiliates of VNGOC member organizations wishing to support the statement

Aksion Plus (Albania)

Chilean Medical Association

Comunita di Venezia (Italy)

De Kiem (Belgium)

Drug Policy Alliance (United States of America)

Espolea (Mexico)

Iglesia Evangélica Protestante de El Salvador

Magdaléna, o.p.s. (Czech Republic)

Red Americana de Intervención sobre Situaciones de Sufrimiento Social

Scottish Drugs Forum

Suedwind (Austria)

Vienna Alliance of NGOs for Crime Prevention and Criminal Justice

** Organizations recommended to ECOSOC for special consultative status by the Committee on NGOs at its meeting in January 2013.